

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155779	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/13/2014
NAME OF PROVIDER OR SUPPLIER PRAIRIE LAKES HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 9730 PRAIRIE LAKES BLVD E NOBLESVILLE, IN 46060		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the investigation of Complaints IN00136857 and IN00136889 completed on 10/10/13.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure survey completed on 11/21/13. This visit included the PSR to the investigation of Complaint IN00138950 completed on 11/21/13.</p> <p>This visit was in conjunction with the investigation of Complaints IN00140516, IN00140936, IN00141502, and IN00142308.</p> <p>Complaint IN00136857: Corrected</p> <p>Complaint IN00136889: Corrected</p> <p>Survey dates: January 8, 9, 10, and 13, 2014</p> <p>Facility number: 012305 Provider number: 155779 AIM number: 200987990</p> <p>Survey Team: Janet Stanton, R.N.--Team Coordinator Michelle Hosteter, R.N. Sandra Nolder, R.N. Gloria Bond, R.N. (1/9 and 10)</p> <p>Census bed type: SNF--42 SNF/NF--6 Residential--52 Total--100</p> <p>Census payor type:</p>	{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	<p>Continued From page 1</p> <p>Medicare--13 Medicaid--6 Other--81 Total--100</p> <p>Prairie Lakes Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B, and 410 IAC 16.2 in regard to the PSR to the investigation of Complaints IN00136857 and IN00136889.</p> <p>Quality Review was completed by Tammy Alley RN on January 15, 2014.</p>	{F 000}			